

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	<i>Haite</i>		<i>07-05-01</i>
O.I.P.E. CLASSIFIER		<i>10</i>	<i>7-13-01</i>
FORMALITY REVIEW	<i>CH</i>	<i>1119</i>	<i>08-17-01</i>
RESPONSE FORMALITY REVIEW			

# INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Date
Final Original	
1	<i>26</i>
2	<i>15</i>
3	<i>02</i>
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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